

Appendix 5

Standing of an Estate – Statutory Declarations

CANADA)	IN THE MATTER OF
)	
)	_____
)	(Deceased's Name)
PROVINCE OF BRITISH COLUMBIA)	_____
)	(Claim Number)
)	

STATUTORY DECLARATION

(There is No Will)

I, _____, residing at _____
(Full Name) (Address)

_____ SOLEMNLY DECLARE THAT:

I have personal knowledge of the matters set out in this Statutory Declaration.

1. The Deceased, _____, passed away on the _____ of _____, _____
(Deceased's name) (Day) (Month) (Year)
and to the best of my knowledge has no will.
2. I am applying to proceed on behalf of the Deceased's estate to initiate or continue an appeal to the Workers' Compensation Appeal Tribunal (WCAT).
3. I have conduct of the administration of the Deceased's estate as the representative of the estate and if there is any other person who has or may have conduct of the Deceased's estate, I have obtained their consent to initiate or continue an appeal to WCAT on behalf of the estate.
4. I consent to the disclosure of this Statutory Declaration to the Workers' Compensation Board of British Columbia, operating as WorkSafeBC.

WCAT Manual of Rules of Practice and Procedure (MRPP)

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath.

Declared before me at:

(Place)
On this _____ day of _____,
(Day) (Month) (Year)

(Signature of a Commissioner for taking
Affidavits, Lawyer, Notary Public)

(Signature of person making Declaration)

(Print Name)

(Address)

CANADA)
)
)
)
PROVINCE OF BRITISH COLUMBIA)
)
)
)
)

IN THE MATTER OF

(Deceased's Name)

(Claim Number)

STATUTORY DECLARATION

(There is a Will)

I, _____, residing at _____
(Full Name) (Address)

SOLEMLY DECLARE THAT:

I have personal knowledge of the matters set out in this Statutory Declaration.

- 1. The Deceased, _____, passed away on the _____ of _____, _____.
(Deceased's name) (Day) (Month) (Year)
- 2. As the Executor or Administrator of the Deceased's will I am applying to proceed on behalf of the Deceased's estate to initiate or continue an appeal to the Workers' Compensation Appeal Tribunal (WCAT).
- 3. If there is any other person who is also an Executor or Administrator of the Deceased's will, I have obtained their consent to initiate or continue an appeal to WCAT on behalf of the estate.
- 4. Attached to this Statutory Declaration as "Exhibit A" is a copy of the Deceased's will. To the best of my knowledge this will has not been revoked.
- 5. I consent to the disclosure of this Statutory Declaration to the Workers' Compensation Board of British Columbia, operating as WorkSafeBC.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath.

Declared before me at:

(Place)

On this _____ day of _____,
(Day) (Month) (Year)

(Signature of a Commissioner for taking Affidavits, Lawyer, Notary Public)

(Signature of person making Declaration)

(Print Name)

(Address)
